## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Estilliated average purcer

hours per response . . .

16.00

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) **Bostech Corporation Convertible Promissory Note** Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) ☐ Amendment Type of Filing: New Filing **BASIC IDENTIFICATION DATA** 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) **Bostech Corporation** (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Address of Executive Offices (317) 569-8656 14300 Clay Terrace Boulevard Suite 260 Carmel, IN 46032 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) Same as above. Same as above. (if different from Executive Offices) **Brief Description of Business** Software development company MAY 0 3 2007 Type of Business Organization THOMSON other (please specify ☐ limited partnership, already formed ☑ corporation ☐ limited partnership, to be formed ☐ business trust Year Month\_ ☐ Estimated 1 0 9 | 7 Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: I N CN for Canada; FN for other foreign jurisdiction)

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

heck Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner		□ Director	General and/or
					Managing Partner
ull Name (Last name first,	if individual)				
Bostic, Bradley A.					
Business or Residence Add					
4300 Clay Terrace Bou			- n i om	57	[7] C
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Shary, Mark D.					
Business or Residence Add			Code)		
100 W. Wilson Bridge R	d. Suite 100 C	olumbus, OH 43085			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)	<del></del>			
Bourke, J. David, Jr.					
Business or Residence Add	lress (Number an	d Street, City, State, Zij	o Code)		
2800 Corporate Exchar	ige Dr. Suite 2	60 Columbus, OH 43	231		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
					<del> </del>
Full Name (Last name first	, if individual)				
Jones, Scott					
Jones, Scott		nd Street, City, State, Zi	o Code)		
Jones, Scott Business or Residence Add	lress (Number ar				
Full Name (Last name first Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, Contact Box(es) that Apply:	lress (Number ar armel, IN 4603		o Code)  □ Executive Officer	☐ Director	☐ General and/or Managing Partner
Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, C	Iress (Number ar armel, IN 4603	2		☐ Director	
Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, Control Check Box(es) that Apply:	lress (Number ar armel, IN 4603  Promoter i, if individual)	2 ☐ Beneficial Owner	☐ Executive Officer	Director	
Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, Contact Box(es) that Apply: Full Name (Last name first	Iress (Number ar armel, IN 4603  Promoter  i, if individual)  dress (Number ar	2 ☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, C Check Box(es) that Apply: Full Name (Last name first Business or Residence Add	Iress (Number ar armel, IN 4603  Promoter  i, if individual)  Iress (Number ar	Beneficial Owner  ☐ Beneficial Owner  ☐ Street, City, State, Zi	☐ Executive Officer		Managing Partner
Jones, Scott Business or Residence Add 1020 W. 116 <sup>th</sup> Street, Contect Box(es) that Apply: Full Name (Last name first Business or Residence Add Check Box(es) that Apply:	Iress (Number ar armel, IN 4603  Promoter  i, if individual)  Iress (Number ar  Promoter  i, if individual)	Beneficial Owner  Ind Street, City, State, Zi  ☐ Beneficial Owner	□ Executive Officer  p Code) □ Executive Officer		Managing Partner
Business or Residence Add  1020 W. 116 <sup>th</sup> Street, Conteck Box(es) that Apply:  Full Name (Last name first  Business or Residence Add  Check Box(es) that Apply:  Full Name (Last name first  Business or Residence Add  Check Box(es) that Apply:	lress (Number ar armel, IN 4603  Promoter  i, if individual)  dress (Number ar  Promoter  i, if individual)  dress (Number ar	Beneficial Owner  Ind Street, City, State, Zi  ☐ Beneficial Owner	Executive Officer  Code)  Executive Officer  Code)		Managing Partner  General and/or Managing Partner
Business or Residence Add 1020 W. 116 <sup>th</sup> Street, Control Check Box(es) that Apply: Full Name (Last name first Business or Residence Add Check Box(es) that Apply: Full Name (Last name first	Iress (Number ar armel, IN 4603  Promoter  i, if individual)  Iress (Number ar Promoter  i, if individual)  dress (Number ar individual)  dress (Number ar individual)	Beneficial Owner  Ind Street, City, State, Zi  ☐ Beneficial Owner  Ind Street, City, State, Zi	Executive Officer  Code)  Executive Officer  Code)	☐ Director	Managing Partner  General and/or Managing Partner

• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each promoter of the Issuer, if the Issuer has been organized within the past his years,

			Ansv	ver also in	Appendi	x, Column	2, if filing	g under UI	JUE.			
2. What is under limit	s the minin ed circums	num invest stances ma	tment that sy purchas	will be ac e less thar	cepted from the minimum	om any ind mum inves	lividual? A stment	t the Com	pany's so	le discretion	on, certai	s investors \$100,000 Yes No
3. Does th	ne offering	permit joi	nt owners	hip of a si	ngle unit?	,,,,,,				************		
4. Enter the sion or to be list	ne informat similar ren sted is an a name of th	ion request nuneration	ted for each for solicita	h person w tion of pur	ho has be chasers in broker or	en or will b connectio dealer reg	oe paid or g in with sale sistered wit	given, directs s of securi h the SEC	ctly or indi ties in the and/or w	rectly, any offering. It ith a state	commis- f a person or states,	
Full Name (	Last name	first, if inc	tividual)	-								
						olicable						
Business or	Residence	Address (	Number a	nd Street,	City, Stat	e, Zip Cod	le) 					
Name of As	sociated B	roker or D	ealer									
States in Wh	nich Persor	Listed H	as Solicite	d or Inten States)	ds to Soli	cit Purchas	sers					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	ME	[MD]	[MA]	[MI]	MN	[MS]	[MO]
IMI	[NE]	[NV]	[NH]	[NJ]	NM	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or Name of As			<u> </u>	nd Street,	City, Sta	te, Zip Coo	ie)					
States in W	hich Perso All States"											☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[ні]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	ME	[MD]	[MA]	[MI]	MN	[MS]	MO
[MI]	[NE]	[NV]	[NH]	[NJ]	NM	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	ប្រា	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]
Full Name (				and Street,	, City, Sta	te, Zip Co	de)			<del> </del>		
Name of A	ssociated I	Broker or I	Dealer									
States in W (Check "	hich Perso All States"					icit Purcha	nsers	***************************************	***********	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]		[FL]	[GA]	HI	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	MD	[MA]	[MI]	[MN]	[MS]	[MO]
МП	[NE]	[NV]	[NH]	ונאז	NM	NY	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

[TN]

[RI]

[SC]

[SD]

[TX]

Type of Security	Aggregate Offering Price		Amount Already Sold
Debt	\$ 500,000		\$ 100,000
Equity			\$
Equity	<u> </u>	•	
	\$0	_	<u>so</u>
Convertible Securities (including warrants)	\$0		\$.O
Partnership Interests	\$0		\$.0
Other (Specify)	\$ 500,000	•	\$ 100,000
Total	9-100,000	-	Ψ.1911/1111
Answer also in Appendix, Column 3, if filing under ULOE.			
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
	Number Investors		Dollar Amoun of Purchases
Accredited Investors		_	\$ 100,000
Non-accredited Investors		_	\$ <u>0</u>
Total (for filings under Rule 504 only)			<b>\$</b>
Answer also in Appendix, Column 4, if filing under ULOE.			
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.			- 4
<del>-</del> · ·	Type of		
Type of offering	Security		Dollar Amoun Sold
Type of offering Rule 505	Security	-	
Type of offering	Security	<del>-</del>	
Type of offering Rule 505	Security	- -	
Type of offering  Rule 505  Regulation A	Security	<del>-</del> 	Sold  S  S
Rule 505	Security	- - -	
Type of offering  Rule 505	Security	- - -	\$\$
Type of offering  Rule 505  Regulation A  Rule 504  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees.  Printing and Engraving Costs	Security	- - - -	\$ 0 \$ 0
Type of offering  Rule 505  Regulation A  Rule 504  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees.	Security		\$ 0 \$ 0
Type of offering Rule 505  Regulation A  Rule 504  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	Security		\$ 0 \$ 10,000
Type of offering Rule 505	Security		\$ 0 \$ 0 \$ 10,000 \$ 0
Type of offering Rule 505  Regulation A  Rule 504  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	Security		\$ 0 \$ 0 \$ 10,000 \$ 0

5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furni estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b ab	sh an equal ove. Payments to	)
		Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	□ <u>\$ 0</u>	<u>\$ 300,000</u>
	Purchase of real estate	□\$0	<u> </u>
	Purchase, rental or leasing and iunstallation of machinery and equipment	□\$0	<u> </u>
	Construction or leasing of plant buildings and facilities	□ <u>\$ 0</u>	<u> </u>
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another	_	□\$0
	issuer pursuant to a merger)		<u> </u>
	Repayment of indebtedness		
	Working capital		\$\frac{190,000}{\$0}
	Other (specify):	<u> </u>	
		□\$ <u>0</u>	
	Column Totals	<u> </u>	<u> </u>
	Total Payments Listed (column totals added)	. □§	490,000
	D. FEDERAL SIGNATURE		
fΩ	ne issuer has duly caused this notice to be signed by the undersigned duly authorized person llowing signature constitutes an undertaking by the issuer to furnish to the U.S. Securities are sest of its staff, the information furnished by the issuer to any non-accredited investor pursuant	a Exchange Comm	nssion, upon written ie-
Iss	suer (Print or Type) Signature	Da	te
В	ostech Corporation Wankiruli	Fe	ebruary 6, 2007
	ame of Signer (Print or Type)  Title of Signer (Print or Type)		
<u>J.</u>	David Bourke, Jr. President		
84	3313vl		

\$ 490,000

"adjusted gross proceeds to the issuer."....

-ATTENTION-

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

of such rule?		
2-2	See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. (N/A)
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. (N/A)
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. (N/A)

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) Bostech Corporation	Signature Date February 6, 2007
Name (Print or Type) J. David Bourke, Jr.	Title (Print or Type) President

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item1)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes_	No	Convertible Promissory Notes	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL							···		<u>                                     </u>
AK									
AZ									
AR									
CA		ļ. <u> </u>	ļ						
со	<u> </u>						<del></del>	<del> </del>	<del>                                     </del>
СТ	<u> </u>	ļ					<u></u>		<u> </u>
DE	ļ	<u> </u>							
DC									<u> </u>
FL		<u> </u>							
GA								<u> </u>	-
HI		<u> </u>						<u> </u>	<u> </u>
ID	ļ <u> </u>	<del> </del>							
IL		<u> </u>					<u> </u>		
IN	<u> </u>	X	\$100,000	1	\$100,000	0	\$0	-	X
IA		ļ						<u> </u>	
KS	<u> </u>								
KY		<u> </u>		<u> </u>					
LA	<del>-</del>	<u> </u>			<del> </del>			-	
ME	<u> </u>	-			1		<u></u>		<del>                                     </del>
MD	_	<del> </del>					<u> </u>		
MA	<del> </del>								
Ml		<del> </del>			<del> </del>				
MN		<del> </del>						-	
MS		<u> </u>		<u> </u>	<u></u>				

	to non-a	to sell ccredited s in State -Item1)	Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					ification te ULOE attach ation of granted) -Item 1)
State	Yes	No	Series A-2 Convertible Participating Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE									
NV							·		
NH									
ŊJ									
NM									
NY									
NC									
ND									
ОН									
ОК		<u> </u>							
OR									
PA									
RI									
sc									
SD									
TN									
TX									<del> </del>
ሀፐ									
VT									
VA									
WA									
wv								·	
WI									

			Type of security						ification ate ULOE	
)	Intend to sell and aggregate							(if yes, attach		
		ccredited	offering price			investor and			ation of	
Ì	4	s in State	offered in State	<u> </u>				waiver granted)		
<u> </u>	(Part B	-Item1)	(Part C-Item1)	! 	(Part C	C-Item 2)	<del> </del>	(Part E-Item 1)		
State	Yes	No	Series A-2 Convertible Participating Preferred Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		ļ		i	<u> </u>					
PR	<u></u>									

 $\operatorname{END}$